

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <div style="font-size: 2em; text-align: center;">10</div>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS <input checked="" type="checkbox"/> MR FIRST MI <div style="text-align: center; font-size: 1.5em;">BILLY I</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">WALL</div>	OFFICE USE ONLY Date Received <div style="font-size: 2em; font-weight: bold;">RECEIVED</div> JAN 15 2016 Burnet Co Elections Date Hand-delivered or Date Postmarked									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2321 EAST STATE HWY 29 BERTRAM, TX 78605	Receipt # Amount \$ Date Processed Date Imaged									
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 577-8480										
6 CAMPAIGN TREASURER NAME	MS / MRS <input checked="" type="checkbox"/> MR FIRST MI <div style="text-align: center; font-size: 1.5em;">BILLY I</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">WALL</div>										
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2321 EAST STATE HWY 29 BERTRAM, TX 78605										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 577-8480										
9 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)
<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)								
<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)								
10 PERIOD COVERED	Month Day Year Month Day Year 6 / 1 / 2015 THROUGH 12 / 31 / 2015										
11 ELECTION	ELECTION DATE Month Day Year 3 / 1 / 16	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special									
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) COUNTY COMMISSIONER PCT 3									
GO TO PAGE 2											

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME BILLY WALL CAMPAIGN 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4800.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 2944.53
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2963.01
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Billy Wall
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Billy Wall, this the 15th day of Jan, 2016, to certify which, witness my hand and seal of office.

Karen Peraino
Signature of officer administering oath

Karen Peraino
Printed name of officer administering oath

EA Deputy
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

BILLY WALL CAMPAIGN

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>4800.00</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>0</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>0</i>
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ <i>0</i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>1836.99</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>0</i>
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>0</i>
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>1107.54</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>0</i>
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>0</i>

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3

2 FILER NAME

BILLY WALL CAMPAIGN

3 Filer ID (Ethics Commission Filers)

4 Date

10/30
2015

5 Full name of contributor

JAMES FLETCHER

out-of-state PAC (ID#: _____)

6 Contributor address;

200 WHITE BLUFF TRL BURNET, TX 78611

City; State; Zip Code

7 Amount of contribution (\$)

1000.⁰⁰

8 Principal occupation / Job title (See Instructions)

INVESTOR

9 Employer (See Instructions)

FLETCHER CAPITAL PARTNERS

Date

10/22
2015

Full name of contributor

CRAIG COSGRAY

out-of-state PAC (ID#: _____)

Contributor address;

27206 WATERFALL HILL PKWY SPICEWOOD TX 78669

City; State; Zip Code

Amount of contribution (\$)

300.⁰⁰

Principal occupation / Job title (See Instructions)

PRESIDENT

Employer (See Instructions)

MARENGO FILMS

Date

11/16
2015

Full name of contributor

DARRELL DEBO

out-of-state PAC (ID#: _____)

Contributor address;

Box 66 BURNET, TX 78611

City; State; Zip Code

Amount of contribution (\$)

1000.⁰⁰

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

11/17
2015

Full name of contributor

KIRK-LIND HOLDINGS LLC BERKEGSON

out-of-state PAC (ID#: _____)

Contributor address;

2130 N.F.M. 1174 BERTRAM, TX 78605

City; State; Zip Code

Amount of contribution (\$)

50.⁰⁰

Principal occupation / Job title (See Instructions)

PRESIDENT

Employer (See Instructions)

KIRK-LIND HOLDINGS LLC

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3

2 FILER NAME

BILLY WALL CAMPAIGN

3 Filer ID (Ethics Commission Filers)

4 Date

11/18

5 Full name of contributor out-of-state PAC (ID#: _____)

RALPH & BETTY ALEXANDER

7 Amount of contribution (\$)

100.00

2015

6 Contributor address; City; State; Zip Code

685 CEDAR ST. BERTRAM, TX 78605

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

Date

12/10

Full name of contributor out-of-state PAC (ID#: _____)

EARL BROWN

Amount of contribution (\$)

100.00

2015

Contributor address; City; State; Zip Code

720 WEST VAUGHAN BERTRAM, TX 78611

Principal occupation / Job title (See Instructions)

OWNER

Employer (See Instructions)

EARL'S TIRE & LUBE

Date

12/10

Full name of contributor out-of-state PAC (ID#: _____)

JOHN CRUTCHVILLE

Amount of contribution (\$)

200.00

2015

Contributor address; City; State; Zip Code

3308 YELLOWPINE TERRACE AUSTIN, TX 78757

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

12/17

Full name of contributor out-of-state PAC (ID#: _____)

ARNOLD B. WALTERS

Amount of contribution (\$)

1000.00

2015

Contributor address; City; State; Zip Code

PO Box 1669 BURNET, TX 78611

Principal occupation / Job title (See Instructions)

OWNER / RANCHER

Employer (See Instructions)

THE ARNOLD B WALTERS MANAGEMENT

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3

2 FILER NAME

BILLY WALL CAMPAIGN

3 Filer ID (Ethics Commission Filers)

4 Date

12/29
2015

5 Full name of contributor

KATHY LENOX

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

50.00

6 Contributor address;

City; State; Zip Code

P.O. Box 903 BERTRAM, TX 78605

8 Principal occupation / Job title (See Instructions)

OFFICE MANAGER

9 Employer (See Instructions)

SAN GABRIEL INC.

Date

12/30
2015

Full name of contributor

GARY MARTIN

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

1000.00

Contributor address;

City; State; Zip Code

P.O. Box 1190 MARBLE FALLS, TX 78654

Principal occupation / Job title (See Instructions)

PRIVATE INVESTOR

Employer (See Instructions)

SELF EMPLOYED

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>2</u>	2 FILER NAME <u>BILLY WALL CAMPAIGN</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>11/12/2015</u>	5 Payee name <u>R-BANK</u>	
6 Amount (\$) <u>12.88</u>	7 Payee address; City; State; Zip Code <u>360 HWY 29 EAST BERTRAM, TX 78605</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <u>CHECKS</u>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name <u>County Commissioner Pct 3</u> Office sought Office held	
Date <u>11/17/2015</u>	Payee name <u>1836 GROUP LLC</u>	
Amount (\$) <u>895.00</u>	Payee address; City; State; Zip Code <u>900 W. I-20 BUSINESS COLORADO CITY, TX 79512</u>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>CONSULTING</u>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name <u>County Commissioner Pct 3</u> Office sought Office held	
Date <u>11/17/2015</u>	Payee name <u>LOCAL VOICE SOLUTIONS</u>	
Amount (\$) <u>100.00</u>	Payee address; City; State; Zip Code <u>3700 THOMPSON STREET AUSTIN, TX 78702</u>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>SOFT WARE FOR CAMPAIGN</u>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name <u>County Commissioner Pct 3</u> Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1 <p style="text-align:center">2</p>	2 FILER NAME <p style="text-align:center">BILLY WALL CAMPAIGN</p>	3 Filer ID (Ethics Commission Filers)
4 Date <p style="text-align:center">12/29/15</p>	5 Payee name <p style="text-align:center">1836 GROUP LLC</p>	
6 Amount (\$) <p style="text-align:center">561.⁷⁰</p>	7 Payee address; City; State; Zip Code <p style="text-align:center">900 W.I-20 BUSINESS COLORADO CITY, TX 79512</p>	
8 <p style="text-align:center">PURPOSE OF EXPENDITURE</p>	(a) Category (See categories listed at the top of this schedule)	
	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held <p style="text-align:center">COUNTY COMMISSIONER RET 3</p>		
Date <p style="text-align:center">12/29/15</p>	Payee name <p style="text-align:center">PRINT PLACE</p>	
Amount (\$) <p style="text-align:center">262.⁴¹</p>	Payee address; City; State; Zip Code <p style="text-align:center">1130 AVE. HE ARLINGTON, TX 76011</p>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	
	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held <p style="text-align:center">COUNTY COMMISSIONER RET 3</p>		
Date <p style="text-align:center">12/31/15</p>	Payee name <p style="text-align:center">R-BANK</p>	
Amount (\$) <p style="text-align:center">5.⁰⁰</p>	Payee address; City; State; Zip Code <p style="text-align:center">360 HWY 29 EAST BERTRAM, TX 78605</p>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	
	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2	2 FILER NAME BILLY WALL CAMPAIGN	3 Filer ID (Ethics Commission Filers)
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4 Date 12/29/15	5 Payee name BERTRAM HARDWARE & SUPPLY
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6 Amount (\$) 17.84 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 601 E. HWY 29 BERTRAM, TX 78605
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name COUNTY COMMISSIONER PET 3	<input checked="" type="checkbox"/> Office sought	<input type="checkbox"/> Office held
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Date 12/15/2015	Payee name OMT SIGN SHOP
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Amount (\$) 759.92 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1904 W. HWY 29 BURNET, TX 78611
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name COUNTY COMMISSIONER PET 3	<input checked="" type="checkbox"/> Office sought	<input type="checkbox"/> Office held
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	<input type="checkbox"/> Office sought	<input type="checkbox"/> Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <u>2</u>	2 FILER NAME <u>BILLY WALL CAMPAIGN</u>	3 Filer ID (Ethics Commission Filers)
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4 Date <u>8/31/2015</u>	5 Payee name <u>SIGN SHOP - OMT</u>
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6 Amount (\$) <u>232.74</u> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <u>1904 WEST HWY 29 BURNET, TX 78611</u>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>ADVERTISING EXPENSE</u>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>Office sought</u>	Office held <u>COUNTY COMMISSIONER PT 3</u>
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Date <u>9/2/2015</u>	Payee name <u>HOOVER BUILDING SUPPLY</u>
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Amount (\$) <u>45.08</u> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <u>P.O. Box 457 BURNET, TX 78611</u>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>ADVERTISING EXPENSE</u>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>Office sought</u>	Office held <u>COUNTY COMMISSIONER PT 3</u>
--	---	--

Date <u>12/10/2015</u>	Payee name <u>BURNET TROPHIES & AWARDS</u>
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Amount (\$) <u>51.96</u> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <u>308 E. JOHNSON ST. BURNET, TX 78611</u>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>ADVERTISING EXPENSE</u>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>Office sought</u>	Office held <u>COUNTY COMMISSIONER PT 3</u>
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED